

PTO/SB/21 (09-06)

Fw AFI

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TRANSMITTAL FORM

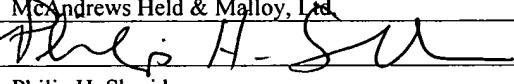
(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	8	Attorney Docket Number	14222US02
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ENCLOSURES (check all that apply)

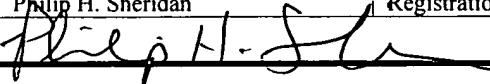
<input checked="" type="checkbox"/> Fee Transmittal Form (1 page, in duplicate) <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Notice of Appeal - 1 page, in duplicate) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):
	Remarks	One-Month Extension Of Time (1 page, in duplicate)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	McAndrews Held & Malloy, Ltd.		
Signature			
Printed Name	Philip H. Sheridan		
Date	April 14, 2008		

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on April 14, 2008.

Name (Print/type)	Philip H. Sheridan	Registration No. (Attorney/Agent)	59,918
Signature		Date	April 14, 2008

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Effective on 09/30/2007

Fees pursuant to the consolidated Appropriates Act. 2005 (H.R. 4818).

FEE TRANSMITTAL

for FY 2008

 Applicant claims small entity status. See 37 CFR 1.27

Complete if Known	
Application Number	10/647,963
Filing Date	August 26, 2003
First Named Inventor	Martin Lund
Examiner Name	BARQADE, YASIN M

TOTAL AMOUNT OF PAYMENT (\$)

\$630.00

Art Unit	2153
Attorney Docket No.	14222US02

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order None Other (please identify): _____ Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

Charge Fee(s) indicated below Charge Fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fees(s) Credit any overpayments under 37 CFR 1.16 and 1.17

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	310	155	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity

Fee(\$) Fee(\$)

50 25

Each independent claim over 3 (including Reissues)

210 105

Multiple dependent claims

370 185

Total Claims	Extra Claims	Fee(\$)	Fee Paid (\$)	Multiple Dependent Claims
-20 or HP	x	=		Fee Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee(\$)	Fee Paid (\$)	Multiple Dependent Claims
-3 or HP	x	=		Fee Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee(\$)	Fee Paid(\$)
-100	/50	(round up to a whole number)	x	=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Notice of Appeal - \$510.00 and One-Month Extension of Time - \$120.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	59,918	Telephone	(312) 775-8000
Name (print/type)	Philip H. Sheridan		Date	April 14, 2008	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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